


07CR 768

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ard D. Sletten ates District Court ed States Courthouse th Fourth Street olis, MN 55415		B. Received by (Printed Name)	C. Date of Delivery 12/17/07
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0001 7312 0422

UNITED STATES POSTAL SERVICE


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

FILED

DEC 14 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
RECEIVED
DEC 14 2007
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
• Sender: Please print your name, address, and ZIP+4 in this box •

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
100 S. DEARBORN STREET
CHICAGO, ILLINOIS 60604